PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

0375124

		CLAIMS AS	S FILED - (Column			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			18				ſ	RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			8 minus 20=		* ()			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		<u> </u>)		X43=		OR	X86=		
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2			column 2	L	TOTAL		OR	TOTAL	720	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
(Column 1)			1	(Colun		(Column 3)	_	VIII.		• · · ·	·····		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIC PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	ŀ	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	- 01 4114	=		X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPEN				CLAIM			+145=		OR	+290=		
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	* ·	Minus	***	CL AIM	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
							Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	-	OR	+290=		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										TOTAL		
***	If the "Highest Nur	mber Previously Pa mber Previously Pa iber Previously Paid	aid For" IN THIS	S SPACE is	s less thar	n 3, enter "3."	Λ.	DDIT. FEE		• •	ADDIT. FEE l umn 1.		